

*A STARH Reproductive Rights
Monitoring Report*

Voluntarism and Informed Choice in Family Planning: The Case of Kabupaten Sampang, Madura



September 2002

The STARH Program, Jakarta

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Contents

Acknowledgements	iii
Executive Summary in English	v
Executive Summary in Bahasa Indonesia	vi
Glossary and Abbreviations	vii
I. Reason for the Report and SOW	1
II. Organization of the Study and Places Visited	1
Team visit	2
Background information on Madura	2
Family planning and “safaris”	3
III. Tiahrt Amendment Requirements	4
IV. Findings Regarding the Tiahrt Requirements	4
Implant services in Madura	5
BKKBN outreach activities and “mobiles”	5
Specific Tiahrt Requirements	6
V. Further Findings Regarding Voluntarism and Informed Choice: Systems and Procedures	7
VI. Final Comments	7
References	9
Appendix A. Persons Consulted	14
Appendix B. Protocol for Reproductive Rights Monitoring Field Visits	15
Appendix C. Informed Consent Form used in Sampang	17

Tables

Table 1.	Itinerary and Principal Persons Met, East Java, 9-10 July 2002	10
Table 2.	Population Characteristics for Selected Kabupaten, East Java, circa 2000	11
Table 3a.	Number of Active Contraceptive Users (Modern Methods) by Method for Selected Kabupaten, East Java, May 2002	12
Table 3b.	Percent of Active Contraceptive Users (Modern Methods) by Method for Selected Kabupaten, East Java, May 2002	12
Table 4a.	Number of New Acceptors by Method (Modern Methods) for Selected Kabupaten, East Java, January-May 2002	13
Table 4b.	Percent of New Acceptors by Method (Modern Methods) for Selected Kabupaten, East Java, January-May 2002	13

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Executive Summary

This document reports on a routine reproductive rights monitoring study undertaken by the STARH Program at the request of USAID-Jakarta. A STARH Reproductive Rights Monitoring Team visited Madura, 9-10 July, with two main objectives: (i) to review the informed choice systems and procedures which are used when providing FP services in Madura; and (ii) to determine whether there is any evidence of any violations of the requirements specified in the Tiahrt Amendment, or whether existing systems and procedures exhibit any “vulnerabilities” to possible future violations.

The team found no evidence of any violations of the Tiahrt requirements, or of the fundamental principles of voluntarism and informed choice promoted by USAID. An earlier report received by USAID mentioning single-method “safaris” on the island, which raised some concerns about possible violations, proved to be based on incomplete information and a confusion over the use of the term “safari.”

The team noted, however, there is always room for improvement in any FP program regarding the implementation of informed choice and “comprehensible knowledge,” since the “state of the art” regarding contraceptive technology, knowledge about side effects, counseling techniques, and management of service delivery, is itself constantly being improved both internationally and within Indonesia. Moreover in Indonesia the educational level of clients, and their awareness of their human rights, is currently increasing. The FP program’s systems and procedures designed to ensure voluntarism and informed choice need periodic updating and strengthening. The team noted that a number of interventions being implemented by STARH and its partners are aimed at improving informed choice, although STARH is not currently working in Madura.

Ringkasan Eksekutif

Ringkasan eksekutif ini berisi laporan tentang pengkajian rutin tentang pengawasan hak-hak reproduksi yang dilakukan oleh STARH Program atas permintaan USAID-Jakarta. Adapun tujuan dari kunjungan Tim Pemantau Kesehatan Reproduksi dari STARH Program ke Madura pada tanggal 9-10 Juli adalah: 1) untuk mengkaji kembali sistem dan prosedur *informed choice* yang digunakan ketika memberikan pelayanan KB di Madura; dan 2.) untuk menentukan apakah telah terjadi pelanggaran terhadap syarat-syarat seperti yang tercantum dalam Amandemen Tiahrt, atau apakah system dan prosedur yang ada menunjukkan “kelemahan” akan adanya kemungkinan pelanggaran di masa depan.

Tim tersebut tidak menemukan adanya pelanggaran terhadap syarat-syarat Tiahrt maupun prinsip-prinsip dasar sukarela dan *informed choice* yang dipromosikan oleh USAID. Sebuah laporan sebelumnya yang diterima oleh USAID menyebutkan adanya metode tunggal safari yang dilakukan di Madura, yang menimbulkan kekhawatiran akan terjadinya pelanggaran, terbukti dari kurangnya informasi dan kerancuan dalam penggunaan istilah “safari”.

Namun demikian, Tim pemantau tetap melihat kemungkinan untuk meningkatkan program KB dalam hal pelaksanaan *informed choice* dan “pengetahuan,” karena berbagai kelebihan teknologi, pengetahuan tentang efek samping, tehnik-tehnik konseling, dan manajemen pelayanan selalu ditingkatkan baik secara nasional maupun internasional. Apalagi dengan tingkat pendidikan dan kesadaran akan hak-hak asasi yang meningkat di Indonesia. Sistem dan prosedur program KB yang dirancang untuk memastikan adanya voluntarisme dan *informed choice* perlu diperbaiki dan diperbaharui secara berkala. Tim mencatat bahwa sejumlah intervensi yang dilakukan oleh STARH bersama mitra kerjanya diarahkan untuk meningkatkan *informed choice*, meskipun saat ini STARH tidak mempunyai kegiatan di Madura.

Glossary and Abbreviations

BKKBN	National Family Planning Coordinating Board
<i>DepKes</i>	Ministry of Health
<i>DinKes</i>	Department of Health (at the district or provincial level)
FP	family planning
IDP	internally displaced person
GOI	Government of Indonesia
<i>Kabupaten (Kab.)</i>	District
<i>Kecamatan (Kec.)</i>	Sub-district
<i>Kota</i>	town, municipality
PKK	Family Welfare Movement
PLKB	Family Planning Field Workers
<i>Polindes</i>	midwife's clinic
<i>Posyandu</i>	health post
<i>Puskesmas</i>	health center
RH	reproductive health
SDP	service delivery point
<i>Sub-puskesmas</i>	small satellite health center

VOLUNTARISM AND INFORMED CHOICE IN FAMILY PLANNING: The Case of Kabupaten Sampang, Madura

Bimo, Adrian C. Hayes, and Ida Muhasyim

I. Reason for the Report and SOW

This document reports on a routine reproductive rights monitoring study undertaken by the STARH Program at the request of USAID-Jakarta. In May 2002 medical staff working on an International Medical Corps (IMC) project on the island of Madura (East Java) using USAID population funds reported to USAID that they had been told BKKBN sponsors family planning “safaris” on the island; and that these “safaris” are generally held to provide a single method, namely, the implants provided to BKKBN by USAID.¹ IMC’s information was not based on direct information but on what they had “been told” (without specifying any authoritative source). If true, however, it would appear to describe practices which may be inconsistent with the principles of voluntarism and informed choice promoted by USAID, and it could therefore represent a violation of one or more of the requirements mandated by the Tiahrt Amendment.

USAID asked the STARH Program to investigate. STARH decided to send a team to Madura to study the facts and review how policies of voluntarism and informed consent are implemented in the area. Preliminary phone calls to the region suggested the information reported by IMC was probably based on a misunderstanding, due to some people still using the word “safari” loosely to refer to current ways of organizing FP service delivery that have little resemblance to “safaris” in the older sense of the term. Considering the potential seriousness of the issue, however, it seemed prudent to send a team to collect more information and clarify the situation. BKKBN-Central concurred in this decision; they provided one of the team members and assisted the mission in every way possible.

The study team’s principal objectives were:

- To review the informed choice systems and procedures which are used when providing FP services in Madura;
- To determine whether there is any evidence of any violations of the Tiahrt requirement, and whether there are any “vulnerabilities” in existing systems and procedures.

II. Organization of the Study and Places Visited

The 3-person team comprised Dr Bimo (a medical doctor working as an advisor to STARH), Dr Adrian Hayes (Policy Advisor, STARH), and Ibu Ida Muhasyim (Section on Quality and Family Planning Services, BKKBN-Central).

¹ Implants are regularly provided as part of the Government of Indonesia’s family planning and reproductive health program. Because of their expense and high demand implants are always in short supply. USAID provided a one-off supply of Norplant® to help the GOI deal with a crisis situation in Madura following a large influx of internally displaced persons (see Section II below).

Team visit

The team visited Madura during 9-10 July, 2002 (Table 1). Because of limited time the team focused on *Kab. Sampang*, the district (*kabupaten*) where the concern about “safaris” arose. (Madura has four *kabupaten*.) Team members made their own way to East Java and then traveled together from Surabaya to *Kab. Sampang* the morning of Tuesday 9 July. Pak Rahardjo, from the Family Planning Division of the BKKBN Provincial Office, joined the team for the trip to Madura. Transportation was also provided by the provincial BKKBN office. The team returned to Surabaya the afternoon of Wednesday 10 July.

On their first day in Madura the team met with officials in the *kabupaten*-level BKKBN office in *Kota Sampang*. Two IMC doctors joined the meeting. The team then went to the *puskesmas* in *Kecamatan* (sub-district) Robatal to observe implant insertions² and discuss the provision of FP services with local officials and clients. There were 7 clients attending for implants, all of them IDPs (internally displaced persons). On the second day the team met with the Head of the Department of Health (*DinKes*) in *Sampang*. The team then traveled to *Kec. Sreseh* to observe implant insertions at a sub-*puskesmas* and meet more clients and local officials. The 5 clients attending for implants were local residents. Before leaving East Java the team visited the BKKBN provincial office in Surabaya and discussed the mission and preliminary findings with both the head of BKKBN and the Head of the Family Planning Division.

Background information on Madura

Background information relevant to the present study includes the following points:

- Madura is not one of the most developed parts of East Java, and social development indicators reflect this. The infant mortality rate (IMR) in *Kec. Sampang* is 98.7 per 1,000 live births, compared to 44.0 per 1,000 in East Java as a whole; the total fertility rate for *Sampang* is 2.7 live births per woman, compared to 2.0 for East Java (Table 2).
- Madura is well-known as an area of out-migration. While the island has a population of about 3.2 million the 2000 Census lists another 3.6 million people living outside the island who give their ethnicity as Madurese; 332,000 of these lived in Kalimantan at the time of the census (BPS 2001: 75). In former years many Madurese went to Kalimantan as part of the Government’s transmigration program.
- Successive waves of communal violence following the downfall of the Suharto regime caused many of these latter migrants to flee their homes and return to Madura. *Sampang* alone reportedly has 88,500 refugees, mostly from the area around *Sampit* in Central Kalimantan (Jakarta Post 15 July 2002). The latest BKKBN family registration data show an increase among “pre-prosperous” and “prosperous 1” families of 17,491 families in one year (BKKBN 2002: Table 13)³; the Head of BKKBN-*Sampang* says most of this increase is due to the influx of IDPs. Most IDPs are integrated into the community, but a

² These were the Norplant® kind, provided to BKKBN by USAID.

³ BKKBN conducts an enumeration of families every year and classifies them according to a classificatory scheme defining 5 levels of family welfare or prosperity. The lowest two levels, the pre-prosperous (*pra sejahtera*) and prosperous I (*sejahtera I*), respectively, are described by BKKBN as “poor.” A brief description of this data system is given in Hayes 2000 (31-34).

significant number live in refugee camps. Living conditions in the camps are described as “abhorrent” (Jakarta Post 15 July 2002, and 4 August 2002).

- IMC is working in Madura on a USAID-funded project aimed to help meet the additional RH needs due to the large number of IDPs. The project focuses on capacity building through reproductive health education.
- Madura is also known for its religious conservatism.

Family planning and “safaris”

“Safari” was the term used to refer to a mass type of family planning campaign following the official launch of such a program by President Suharto at Istana Bogor in 1984. Reducing the high rate of population growth by reducing the birth rate was a high priority development goal at the time, and family planning was one of the eight “success indicators” used by the Suharto government to evaluate the performance of heads of regional governments. A safari was a kind of mobile campaign where typically medical service providers and support staff would go with the sub-District Head (*Camat*) and other local dignitaries in attendance (e.g. the Head of PKK, religious leaders) to a particular area at a pre-announced time to promote family planning and provide free services. While no official definition of “family planning safari” was ever given by BKKBN, and there were certainly many variations on the theme, the distinguishing characteristics would seem to be (a) a mobile team would go to promote and provide FP services, and (b) the services would be provided free, sometime along with other services. The combination of strong political pressure on community leaders to recruit new acceptors on the one hand, and rural women with low education and little “empowerment” on the other, raised questions about whether the principles of voluntarism and informed choice were compromised.

Safaris were abandoned by BKKBN in the early 1990s for a variety of reasons, including public and international criticism, and a new policy focusing on demand fulfillment was introduced (Galway 1996). For many rural women safaris were popular events, however, and rural women often still use the term today to refer to any FP event where services are provided on a particular day at a particular place free of charge.⁴ In professional FP circles the term “safari” has today the connotation of a mobile campaign with a pre-Cairo population-control kind of approach, and the risk perhaps of too much social pressure exerted on a client to accept; to rural women the connotation is often more positive, an occasion where free goods and services are distributed, regardless of whether the providers (or any of the commodities) are indeed “mobile.”

⁴ The USAID Tiaht Assessment Team in 2001 found this use of the term “safari” to be common: “Clients still use the term ‘safari’ to refer to services that occur today as events in a *puskesmas* even though they bear no resemblance to the outreach, festival style IUD oriented events of the past. While none were observed during this assessment visit, several recent safaris were described. They either occurred at a health center or NGO facility, where they are very popular because the ‘new safari’ ensures the availability of free services and adequate supplies of family planning commodities” (Riggs-Perla *et al.* 2001: 7-8).

III. Tiahrt Amendment Requirements

The Tiahrt Amendment applies specifically to projects that receive USAID Development Assistance (in the form of funds, goods or services) and involve service delivery activities. For convenience its main requirements are reproduced here:

- *Re. Targets*: “(1) service providers or referral agents in the project shall not implement or be subject to quotas, or other numerical targets, of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning (this provision shall not be construed to include the use of quantitative estimates or indicators for budgeting and planning purposes),”
- *Re. Incentives*: “(2) the project shall not include payment of incentives, bribes, gratuities, or financial reward to (A) an individual in exchange for becoming a family planning acceptor, or (B) program personnel for achieving a numerical target or quota of total number of births, number of family planning acceptors, or acceptors of a particular method of family planning,”
- *Re. Denied Benefits*: “(3) the project shall not deny any right or benefit, including the right of access to participate in any program of general welfare or the right of access to health care, as a consequence of any individual’s decision not to accept family planning services,”
- *Re. Comprehensible Information*: “(4) the project shall provide family planning acceptors comprehensible information on the health benefits and risks of the methods chosen, including those conditions that might render the use of the method inadvisable and those adverse side effects known to be consequent of the use of the method,” and
- *Re. Experiment Trials*: “(5) the project shall ensure that experimental contraceptive drugs and devices and medical procedures are provided only in the context of a scientific study in which participants are advised of potential risks and benefits” (USHR 1998).

The Amendment states that a “violation” of the requirements must be reported to Congress, except in the case of the comprehensible information requirement (requirement (4) above) where it is a “pattern or practice of violations” which must be so reported.⁵

IV. Findings Regarding the Tiahrt Requirements

The team found no evidence of any violations of the Tiahrt requirements or of the fundamental principles of voluntarism and informed choice.

When we reached Sampang the IMC doctor whose initial use of the term “safari” in reporting to USAID first raised the questions about voluntarism, informed choice and possible Tiahrt violations, immediately apologized for inadvertently causing some confusion. She said that in using the word “safari” she had not been aware of its possible negative connotations, and had used the term in the loose and generally positive sense applied by local women. (She is too young to have had any experience with the family planning safaris of the 1980s.)

⁵ STARH has produced a document describing the Tiahrt requirements in more detail: See Hayes (2002).

Implant services in Madura

In FP circles the Madurese are well known for their strong preference for implants. The demand for implants in Madura far exceeds the supply channeled through BKKBN. BKKBN service statistics suggest that among current users of modern methods in Sampang implants account for 21.4 percent, compared to 9.4 percent for the province as a whole (Table 3). Among new acceptors in May 2002, implants accounted for 17.5 percent in Sampang and 6.0 percent for all of East Java.

Although implants are formally considered as simply another method alongside others in the cafeteria approach, in practice special arrangements are made for their distribution and provision to clients. There are a number of reasons for this. First, they are an expensive commodity, although the donor has given them with the understanding they will be provided to clients free of charge. Second demand far exceeds existing supply. Third, their insertion under the skin is (medically speaking) an invasive procedure which requires aseptic conditions, specially-trained service providers, and some equipment and supplies not usually readily available at *puskesmas*.

Because of the limited number available BKKBN allocates implants to the different *kecamatan* on a very limited basis. BKKBN allocated 90 Norplant implants for the entire *kabupaten* for the month of July, for example: Robatal was allocated 20 of these, and Sreseh 15. In Robatal there were 7 clients who had come specifically for implants on that day. The cadre told us she had been informed 10 implants would be available at the *puskesmas* only the day before. She went around the village contacting women she knew who wanted this method of contraception. Although she knew personally more than 10 women who were waiting for implants only 7 of those she contacted were free to come the next day.

To an outsider the service delivery of implants at the *puskesmas* might look like a single-method approach which contradicts the principles of voluntarism and informed choice. On closer inspection we see that clients have already made their choice; and since they have all chosen the same method, which is associated with certain conditions and restrictions, the organization of service delivery as observed in this case is actually perfectly rational and fully consistent with voluntarism and informed choice.

Since this special type of service delivery for implants shares the property of free services being provided at a special time at a particular place with the old defunct type of safari the word “safari” may occasionally still be used loosely by clients to refer to it.

BKKBN outreach activities and “mobiles”

As in the rest of Indonesia, BKKBN-Sampang no longer organizes “safaris” to promote FP or recruit acceptors. BKKBN and DinKes offer the standard “cafeteria approach” providing a variety of methods, and encourage clients to make their own choice after consultation with their local PLKB, cadres, and service providers.

In areas where accessibility to services may be difficult or limited for clients, and where local PLKB and cadres confirm there is an unmet need for FP services, BKKBN may organize a team of providers to go to the locality on a pre-announced date to provide services. Mobile services may be provided at the *puskesmas*, *polindes*, *posyandu*, or other suitable site.

We were not able to observe any mobile FP outreach activity. The Head of BKKBN in Sampang gave no clear statistics on frequency or impact of mobiles, but the midwife in Sreseh informed us that in her *kecamatan* over the past few years there have been on average 2 a year (and none so far this year).

We were also told that mobiles usually do not include implants because of concerns about maintaining a sterile environment for the procedure. The Ministry of Health gave a firm directive in 1989 (No. 585/Menkes/Per/IX/1989) restricting invasive procedures to standard DepKes service delivery points. Mobiles generally provide IUDs (so long as there is running water at the location and the clients can be ensured sufficient privacy), injectables, and condoms. Clients who come to a mobile who really want implants are told they must go to their nearest *puskesmas* (if they are eligible).

Since this type of service delivery shares the property of mobility with the old defunct type of safari the word “safari” may occasionally still be used loosely by some to refer to mobiles.

Specific Tiahrt Requirements – Re. Targets:

No FP targets are used in Sampang.

Re. Incentives:

No incentives are offered to FP acceptors or providers.

Re. Denied Benefits:

There are no denied benefits for non-acceptors.

Re. Comprehensible Information:

This requirement is difficult to check, but we were able to confirm that a number of procedures are in place to minimize the risk of a violation:

- The officials we discussed this question with all told us that all clients accepting implants are counseled by PLKBs and cadres (family planning volunteers) before they appear for the insertion;
- We confirmed that clients at the SDPs we visited were indeed counseled further, as well as medically screened, by the medically-trained service providers at the SDP before the procedure commenced;
- For implants, clients and their husbands must sign an informed consent form (see Appendix C).

Re. Experiment Trials:

Not applicable.

V. Further Findings Regarding Voluntarism and Informed Choice: Systems and Procedures

While the team found no evidence of any violations of the Tiahrt requirements, or of the fundamental principles of voluntarism and informed choice, there is always room for improvement.

- There were very few posters or notices on the walls at the SDPs visited to explain to clients their rights, or give details about which FP methods are available, their associated risks and possible side effects, etc. The team was a little disappointed to find that the “Tiahrt poster,” translated into Bahasa Indonesia early last year by STARH and distributed throughout the country by BKKBN, was on display at neither site. (Copies will be sent to Sampang with some other materials forthwith.)
- The special arrangements made for the distribution and insertion of implants, and the use of mobiles to provide IUDs, injectables and condoms in more remote areas, are two modalities used in Sampang for the delivery of services, and both are ethical, efficient and rational given the constraints under which providers work. The local BKKBN and DinKes officials should be congratulated on taking the initiative to modify and adapt standard procedures to meet local conditions. A potential weakness, however, is that when officials do make special arrangements for a particular method, or organize mobiles, there appear to be few explicit guidelines or operational policies provided to guide the innovative activity and serve as a basis for monitoring it.
- It was also pointed out to us by the Head of the district *DinKes* office that with the abandonment of demographic targets there is a noticeable absence of any explicit criteria of success that FP program managers can use to evaluate the level of performance, to motivate field workers, or to use in RH/FP advocacy aimed at ensuring continuing support (under decentralization) from local governments.

These limitations do not in themselves represent any violations of voluntarism or informed choice, but they do represent weaknesses in the service delivery systems which can be corrected. Addressing these weaknesses would help both to improve quality and to reduce to an absolute minimum the vulnerability of these systems to any possible violations in the future. These are complex issues and the team feels it would be presumptuous to attempt to make recommendations based on such a brief visit to Madura, but we also note these issues are being addressed by STARH and its partners through various interventions currently being implemented in areas outside of Madura.

VI. Final Comments

- The team found no evidence of any violations of the Tiahrt requirements, or of the fundamental principles of voluntarism and informed choice.

- The team noted that in any family planning program there is always room for improvement. This is especially so regarding informed choice, since the “state of the art” regarding contraceptive technology, knowledge about side effects, counseling techniques, and management of service delivery, is itself under constant revision and improvement, both within Indonesia and internationally. Moreover the educational level of clients in Indonesia is increasing, as is their awareness of their rights. A program’s systems and procedures ensuring voluntarism and informed choice need periodic updating and strengthening. The team notes that a number of interventions being implemented by STARH and its partners are aimed at improving informed choice. (STARH is not currently working in any of the districts of Madura, however.)
- A significant outcome of this exercise is that it has provided STARH an opportunity to test and perfect, in collaboration with BKKBN, a protocol and methodology for monitoring compliance with Tiaht requirements and reproductive rights (see Appendix B).

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Table 1. Itinerary and Principal Persons Met, East Java, 9-10 July 2002

Time	Place	Persons Met	
		Name	Position
9 July, AM	Travel to Sampang		
	BKKBN office, Sampang	Abdurachman, AS Moh Rifai	Head, BKKBN- Sampang Secretary, BKKBN
9 July, PM	Puskesmas, Kec. Robatal	Dr Machruf Ibu Ely FP clients	Head, Puskesmas Midwife, Puskesmas
10 July, AM	DinKes office, Sampang	Dr Firman Pria Abadi	Head, DinKes
	IMC office	Dr Rossy Dr Arun DR Miriam Ali	
10 July, PM	Sub-puskesmas, Kec. Sreseh	Ibu Nurul Wahyu Ibu Mutmainos FP clients	Midwife, sub-puskesmas Midwife, sub-puskesmas
	Travel to Surabaya		
	BKKBN provincial Office, Surabaya	Dr Sugiri Syarief Ibu Tuti Supiati	Head, BKKBN Director, FP Division

Table 2. Population Characteristics for Selected Kabupaten, East Java, circa 2000

Kabupaten	Population	IMR	TFR	CPR
<i>Madura:</i>				
Bangkalan	805,048	73.0	2.4	
Sampang	750,046	98.7	2.7	
Pamekasan	689,225	80.3	2.2	
Sumenep	985,981	63.7	1.8	
<i>Other areas in E. Java</i>				
Kediri	1,408,353	33.0	2.2	
Malang	2,412,570	32.0	1.7	
Surabaya	2,599,796	31.7	1.7	
East Java	34,765,998	44.0	2.0	61.1

Source: Estimates for IMR and TFR provided to the team by BKKBN, based on BPS East Java statistics; the population numbers are from the 2000 Census; the CPR is for married women 15-49 yrs, and is taken from the 1997 IDHS.

Table 3a. Number of Active Contraceptive Users (Modern Methods) by Method for Selected Kabupaten, East Java, May 2002

Kabupaten	IUD	VS-M	VS-F	Implant	Injection	Pill	Condom & Other	Total
<i>Madura:</i>								
Sampang	5,429	933	1,536	23,146	44,667	32,541	71	108,323
Sumenep	8,466	1,107	1,364	19,615	64,686	18,851	61	114,150
<i>Other areas in E. Java:</i>								
Kediri	56,172	597	21,141	8,486	89,637	26,706	370	203,109
Malang	73,930	436	27,885	25,239	136,793	56,583	417	321,283
Kot. Surabaya	51,971	790	36,263	12,677	117,529	59,631	7,298	286,159
East Java	1,079,802	18,747	334,463	468,180	2,002,887	1,057,444	18,180	4,979,703

Source: BKKBN service statistics provided by BKKBN East Java office.

Table 3b. Percent of Active Contraceptive Users (Modern Methods) by Method for Selected Kabupaten, East Java, May 2002

Kabupaten	IUD	VS-M	VS-F	Implant	Injection	Pill	Condom & Other	Total
<i>Madura:</i>								
Sampang	5.0	0.9	1.4	21.4	41.2	30.0	0.1	100.0
Sumenep	7.4	1.0	1.2	17.2	56.7	16.5	0.0	100.0
<i>Other areas in E. Java:</i>								
Kediri	27.7	0.3	10.4	4.2	44.1	13.1	0.2	100.0
Malang	23.0	0.1	8.7	7.9	42.6	17.6	0.1	100.0
Kot. Surabaya	18.2	0.3	12.7	4.4	41.1	20.8	2.5	100.0
East Java	21.7	0.4	6.7	9.4	40.2	21.2	0.4	100.0

Source: BKKBN service statistics provided by BKKBN East Java office.

Table 4a. Number of New Acceptors by Method (Modern Methods) for Selected Kabupaten, East Java, January-May 2002

Kabupaten	IUD	VS-M	VS-F	Implant	Injection	Pill	Condom & Other	Total
<i>Madura:</i>								
Sampang	25	0	71	2,386	6,969	4,174	4	13,629
Sumenep	9	26	2	1,132	7,896	3,508	63	12,636
<i>Other areas in E. Java:</i>								
Kediri	1,049	9	456	401	9,297	615	9	11,836
Malang	1,027	11	201	1,290	11,773	1,665	169	16,136
Kot. Surabaya	1,427	11	536	398	11,276	3,142	112	16,902
East Java	22,109	189	4,994	18,884	206,504	63,282	1,273	317,235

Source: BKKBN service statistics provided by BKKBN East Java office.

Table 4b. Percent of New Acceptors by Method (Modern Methods) for Selected Kabupaten, East Java, January-May 2002

Kabupaten	IUD	VS-M	VS-F	Implant	Injection	Pill	Condom & Other	Total
<i>Madura:</i>								
Sampang	0.2	0.0	0.5	17.5	51.1	30.6	0.0	99.9
Sumenep	0.1	0.2	0	8.9	62.5	27.8	0.5	100.0
<i>Other areas in E. Java:</i>								
Kediri	8.9	0.1	3.8	3.4	78.5	5.2	0.1	100.0
Malang	6.4	0.1	1.2	8.0	73.0	10.3	1.0	100.0
Kot. Surabaya	8.4	0.1	3.2	2.4	66.7	18.6	0.6	100.0
East Java	7.0	0.1	1.6	6.0	65.1	19.9	0.3	100.0

Source: BKKBN service statistics provided by BKKBN East Java office.

Appendix A. Persons Consulted

Persons consulted by the Team (in whole or in part) in carrying out the SOW included:

In Jakarta

Dr Dasep Budi Abadi, Director, Section on Quality and Family Planning Services (DITYAN), BKKBN-Central

Ms Carol Rice, PHN, USAID

Dr Colleen McGinn, Team Leader, IMC Madura (phone conversation with ACH only)

In Surabaya

Dr Sugiri Syarief, Head, BKKBN Provincial Office, East Java

Ibu Tuti Supiati, Director, FP Services Division, BKKBN Provincial Office, East Java

Pak Rahardjo Soebardji, FP Services Division, BKKBN Provincial Office, East Java (joined team for trip to Madura)

In Sampang

Abdurachman, AS, Head, BKKBN Kab. Sampang Office

Pak Moh Rifai, Secretary, BKKBN Kab. Sampang Office

Dr Firman Pria Abadi, Head, DinKes, Kab. Sampang

Pak Asmiyono, DinKes, Kab. Sampang

Dr Machruf, Head, Puskesmas, Kec. Robatal

Ibu Ely, Midwife, Puskesmas, Kec. Robatal

Ibu Nurul Wahyu, Midwife, Sub-puskesmas

Ibu Mutmainos, Midwife, Sub-puskesmas

Ibu Nurluly, Client

Ibu Frieda, Client

Ibu Affandi, Client

Ibu Gufron, Client

Ibu Rasyid, Client

Dr Rossy, IMC, Madura

Dr Arun, IMC, Madura

DR Miriam Ali, Gender Specialist, IMC Madura

Appendix B: Protocol for Reproductive Rights Monitoring Field Visits

1. In cases where the report of some event (or events) – perhaps in the media, or in the form of a report sent to USAID or another donor – has prompted concerns about possible Tiahrt violations, document the source of information, and collect as much information about the reported event as possible, before going into the field.
2. Check the above information against facts which can be confirmed in the field.
3. Review with provincial and district officials in the field the Tiahrt requirements and when and how they apply.
4. Gather information from provincial and district health and FP officials on how FP services are provided in the areas under review.
5. Where relevant, clarify how services are provided for groups with special needs (young people, IDPs, the poor), and what special arrangements, if any, are made to serve their needs.
6. Review with officials the standards and procedures of counseling and informed choice (including informed consent) which are followed.
7. Discuss with local health officials and stakeholders the importance of counseling and informed consent, and learn about any difficulties they may have with implementing these principles. Offer help or insights on the spot as practical, and offer further help where appropriate.
8. Review with officials how supervision and monitoring are used in relation to voluntarism and informed consent.
9. If single-method (or restricted-choice) events are organized for service delivery, clarify the role of informed consent and counseling in the organization of these events, in the processes leading up to these events, and in follow-up visits.
10. Clarify the role of donor-supplied commodities, and donor-supported services, in the region's programs, and whether there are additional donor requirements in place; and if so, how compliance is monitored.
11. If possible, observe the provision of FP/RH services to clients.
12. If possible, interview one or two clients and providers to find out about their experiences with counseling and informed consent.

13. Interview other stakeholders at the community level (women's groups, local NGOs) as appropriate.
14. Use the information gathered to make an assessment on whether the service-delivery practices in the areas under review meet minimal standards of counseling, informed consent, and the providing of "comprehensible knowledge" about methods and their side effects to clients. Discuss the assessment with local officials before leaving the field if possible; otherwise follow up in writing.

Appendix C. Informed Consent Form used in Sampang

<p style="text-align: center;">PERNYATAAN PILIHAN ALAT KONTRASEPSI (INFORMED CONSENT)</p> <p style="text-align: center;">.....*)</p>		
<p>Kami yang bertanda tangan di bawah ini: **).</p> <p>Setelah mendapat penjelasan dan mengerti sepenuhnya segala hal yang berkaitan dengan alat kontrasepsi serta setelah kami sepakat berdua suami-istri, bersama ini kami menyatakan secara sukarela memilih untuk dilayani kontrasepsi</p> <p>.....*)</p>		
Yang memberi penjelasan Dokter/Bidan/Paramedis.	Calon Peserta KB	Suami/Istri Calon Peserta KB
<p>(.....) (.....) (.....)</p>		
<p>Dikirim klinik KB/Rumah Sakit.....</p>		
<p>Catatan: *) Diisi dengan cara KB yang dipilih/dipakai</p> <p> **)</p> <p> Bagi yang tidak dapat membaca, agar pertanyaan tersebut dibacakan oleh petugas.</p>		
<p>File: Inform97/RR</p>		